

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04009**

(1)

1. Corporation Name

DIVERSIFIED REAL ESTATE, INC.

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

33 CORONA RD
3196 POND VIEW DR
PONTE VEDRA BCH FL 32082
US

33 CORONA RD
5196 POND VIEW DR
PONTE VEDRA BCH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2961044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 190.012
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 33 CORONA RD.

26 33 CORONA RD

Suite, Apt. #, etc

Suite, Apt. #, etc

22. City & State

27. City & State

23 PONTE VEDRA BCH, FL

28 PONTE VEDRA BCH, FL

24 32082

25 U.S.

29 32082

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBONE, RAYMOND S
33 CORONA RD
PONTE VEDRA BCH FL 32082

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and that it appears to be)

(Signature, typed or printed name of registered agent and that it appears to be)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARBONE, RAYMOND S
STREET ADDRESS	33 CORONA RD
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	D
NAME	BARBONE, M. JOHN
STREET ADDRESS	1739 CEDAR BAY RD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-95

904-296-1400

CR2E034 (3/95)